2018 RESIDENTIAL APPEAL FORM



Lake County Board of Review 18 North County Street 7th Floor Waukegan, IL 60085-4335 Telephone: (847) 377-2100

ıl Use Only
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Owner's Name:	NOTICE OF HEARING AND FINDING TO BE MAILED TO:
Township:	Owner's Name:
PIN(S):	Attorney:
Property Address:	Mailing Address:
City/Village:	City, State, Zip:
Email Address:	Email Address:
The surrent economic in	The accessment the old be /Denvised Information).
The current assessment is: Land:	The assessment should be (Required Information): Land:
Building:	Building:
Total:	Total:
(A) Is this your principal residence? Yes No (B) Is this yo	ur only residence? Yes No
If you answered "No" to the question (B) above, where is your addition	nal residence located? (County/State)
Subject Property Purchase Price: Purchase Date:	Is it listed for sale? Yes No Asking Price
 2. The Assessment is Greater than 1/3 of the Subject Property's See the Board's 2018 Rules, Section IV B, and submit the signor Estate Transfer Declaration (PTAX-203) or MLS closed listing s 3. The Assessment is Greater than 1/3 of Fair Cash Value. See the Board's 2018 Rules, Section IV C, and submit an appra boardofreview.lakecountyil.gov) by clicking on Comparable Sevidence of Fair Cash Value (Sale price per AGLA), valuing the If applicable, please check: Appraisal attached or Appra 4. The Assessment is Higher than the Assessment of Comparable complete the Lake County Comparable Property Grid (located) 	or's office to request a field inspection of the subject property. Recent Sale Price. ed Settlement Statement/Closing Disclosures and the recorded Illinois Real sheet and full property history. aisal or the Lake County Comparable Property Grid (located at search Tool and use properties that have recent sales or other acceptable Subject Property as of January 1, 2018. aisal forthcoming
Here the analysis generally focuses on building value per AGL5. Other (e.g., matter of law). See the Board's 2018 Rules, Section	
This property has pending appeal with the Illinois Property Tax Appea	al Board 2017 2016 2015 Stipulation Reached
nor telephone. 2. I wish to telephone the Board. Please notify me of my design 3. I wish to appear in person . Please notify me of the hearing do Submit one (1) original of this form and all evidence in one complete se	ate and time. et to the Board of Review at the address shown above within thirty (30) days <u>do not staple</u> any documents. Use paper clips instead of staples. Assessors
Owner's Signature:Daytime Phone:	Email Address:
Attorney's Signature:Daytime Pho	ne: Email Address:
Attorney Registration & Disciplinary Commission #:	

For the Board's 2018 Rules and additional information, visit the website: <u>boardofreview.lakecountyil.gov</u>